

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	TC, D.		2/11/89
O.I.P.E. CLASSIFIER	8		2-16-99
FORMALITY REVIEW	DMB	100916	2-23-99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date	
1	✓	✓	1/1/95	
2	✓	✓	1/1/95	
3	✓	✓	1/1/95	
4	✓	✓	1/1/95	
5	✓	✓	1/1/95	
6	✓	✓	1/1/95	
7	✓	✓	1/1/95	
8	✓	✓	1/1/95	
9	✓	✓	1/1/95	
10	✓	✓	1/1/95	
11	✓	✓	1/1/95	
12	✓	✓	1/1/95	
13	✓	✓	1/1/95	
14	✓	✓	1/1/95	
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42	✓	✓	1/1/95	
43	✓	✓	1/1/95	
44	✓	✓	1/1/95	
45	✓	✓	1/1/95	
46	✓	✓	1/1/95	
47	✓	✓	1/1/95	
48	✓	✓	1/1/95	
49	✓	✓	1/1/95	
50	✓	✓	1/1/95	

Claim	Final	Original	Date	
51	✓	✓	1/1/95	
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Claim	Final	Original	Date	
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**BEST AVAILABLE COPY**  
 If more than 150 claims or 10 actions  
 staple additional sheet here

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